

## **O<sub>2</sub> APPLICATION PROCESS**

**All O<sub>2</sub> applicants must complete the following application.** Please complete the application thoroughly and legibly. If there are any questions, please call Matt Axling (206-390-1018) at Golden Gardens or Bob Warner (206-684-7097) at Seward Park.

Once the application is completed, it should be returned to  
Seattle Department of Parks and Recreation  
c/o Matt Axling or Bob Warner  
100 Dexter Ave. N.  
Seattle, WA 98109

After we have received your application, an orientation will be arranged. Due to the competitive nature of the O<sub>2</sub> program, not all applicants will be accepted into the program. Enrollment is on a first-come first-serve basis.

Once the application process is complete, you will begin to receive a calendar of events at the beginning of each month. Take the time to look over this calendar and choose which events you would like to attend. We look forward to seeing you on future trips and service projects!

### **Application Requirements**

- Applicants must be between the ages of 14 – 19 years of age.
- Applicants who are under 18 years of age are required to have parental consent prior to attending O<sub>2</sub> events
- Applicants are required to go through the entire application process and complete the appropriate paperwork prior to attending any O<sub>2</sub> event.



Facility \_\_\_\_\_

Date \_\_\_\_\_

PARTICIPANT INFORMATION AND AUTHORIZATION FORM

This information is considered confidential and is used only to assist staff in meeting the needs of your child. Fill out all sections completely (mark N/A if it does not apply) and sign and initial where indicated. Additional information may be required including but not limited to immunization records, medical treatment and medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)			Age	Birthdate	Grade
Address		City	ZIP	School	
Parent/Guardian Name (First & Last)		Signature		Relationship	
Day Phone	Cell Phone/Pager	Evening Phone		E-mail	
Address (If Different than Above)			City	ZIP	

EMERGENCY CONTACTS

The Parent/Guardian, above, will be contacted first in case of emergency, after 911. Please list non-registering parent/guardian and others you would like us to contact in the event you can not be reached.

1) Contact Name (First & Last)			Relationship		
Day Phone	Cell Phone/Pager	Evening Phone		E-mail	
Address			City	ZIP	
2) Contact Name (First & Last)			Relationship		
Day Phone	Cell Phone/Pager	Evening Phone		E-mail	
Address			City	ZIP	

PICK-UP AUTHORIZATION AND INFORMATION

Please list all individuals that are authorized to pick-up your child. If an individual is not listed your child will not be released. Voice authorization for pick-up will not be accepted.

1) Name	Relationship	Day Phone	Evening Phone
2) Name	Relationship	Day Phone	Evening Phone
3) Name	Relationship	Day Phone	Evening Phone
4) Name	Relationship	Day Phone	Evening Phone
5) Name	Relationship	Day Phone	Evening Phone

Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 388-151-460)

# MEDICAL HISTORY AND AUTHORIZATION INFORMATION

Unless there are religious objections, we are unable to allow your child to participate without the following authorizations or alternatively your written statement of those religious objections. A MEDICAL TREATMENT AUTHORIZATION Form, signed by a physician is required for any medication taken or administered while in a Seattle Department of Parks & Recreation and/or Advisory Council program. Forms are available at each facility.

Child's Name (First & Last)		Age	Birthdate	Grade
Physician's Name (First & Last)		Phone		
Address		City		ZIP
Medical Insurance Company	Policy No.		Subscriber	
Preferred Hospital for Treatment			Date of Last Physical Exam	

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including emergency transportation or ambulance transportation, the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that the City of Seattle, it's Department of Parks and Recreation, Advisory Councils, the Community Center, and their officers, employees and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## GENERAL AUTHORIZATIONS AND INFORMATION

Behavior issues of which staff should be aware? \_\_\_\_\_

How do you handle these behaviors? \_\_\_\_\_

My child is allergic to or cannot eat the following foods: \_\_\_\_\_

My child experiences the following:  
*Please check all those that apply (you will be asked to complete an additional form to provide further information about your child so that we can provide the most positive experience possible). No child will be refused service as protected under the Americans with Disabilities Act (ADA).*

- ☐ ADD/ADHD
- ☐ Mental Disability
- ☐ Asthma
- ☐ Behavior Disorder
- ☐ Physical Disability
- ☐ Allergies
- ☐ Learning Disability
- ☐ Hearing Impairment
- ☐ Diabetes
- ☐ Developmental Disability
- ☐ Visual Impairment
- ☐ Other \_\_\_\_\_
- My child has permission to participate in field trips including but not limited to visits to the local library or parks, neighborhood walks, or other field trips as scheduled, by means of walking, bus, or van. YES \_\_\_\_ NO \_\_\_\_ Initial Here \_\_\_\_\_
  - Does your child have your permission to participate in swimming and other water activities at Seattle Parks & Recreation facilities including swimming pools, lifeguarded beaches, boating and wading pools? YES \_\_\_\_ NO \_\_\_\_ Initial Here \_\_\_\_\_  
**SWIMMING ABILITY: Non Swimmer \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_**
  - My child may have sunscreen applied \_\_\_\_\_ times during the day. *(You must provide lotion)* YES \_\_\_\_ NO \_\_\_\_ Initial Here \_\_\_\_\_
  - My child may be photographed (stills and video) for City of Seattle, it's Department of Parks & Recreation, the Advisory Council, or Community Center publications. YES \_\_\_\_ NO \_\_\_\_ Initial Here \_\_\_\_\_

## RELEASE AND INDEMNITY AGREEMENT

The foregoing information is complete and true to the best of my knowledge. I also confirm the authorizations and consent detailed within this document, including but not limited to medical treatment, field trip and other activity participation, sign-in and sign-out by child, photos of child, and emergency contacts. I understand that should my child act in a manner that is unsafe for him/herself, other participants or staff, he/she may be excluded from the program. Accordingly I have told my child to obey all directions of the staff, to comply with all safety instructions and refrain from unsafe practices. I hereby release, discharge and covenant not to sue the City of Seattle, its Department of Parks and Recreation, its employees, volunteers, officers, agents, Advisory Council and Community Center from all liability to me or my child, or my child's personal representatives, assigns, heirs and next-of-kin for any and all claims, demands, losses or damages on account of any injury or damage to property caused or arising from my child's participation in the program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



Dear Parent or Guardian,

State law prevents our personnel from administering medication unless we have a signed note from a physician stating dosage and procedure. If medication is required to be administered during child care hours, please bring this form and the medication in its prescription bottle and give it to a staff member. All medications must be dispersed by a staff member. Please do not leave medication in the possession of your child or in his/her lunch box. Write the time the medical needs to be given on the sign in sheet. Let us know if the medication needs to be stored in a special way, i.e. in the refrigerator, or away from sunlight.

Thank you!

Seattle Parks and Recreation

## MEDICAL TREATMENT AUTHORIZATION

Child's Name \_\_\_\_\_  
Last First

Medical Problem \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Method of Administration \_\_\_\_\_

Special Handling \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Comments or Further Instructions \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Physician

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

I authorized the child care facility to give the above medication(s) and/or treatment(s).

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian



## Personal Information

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ETHNIC GROUP(s): \_\_\_\_\_

LANGUAGE(s) SPOKEN: \_\_\_\_\_

I WILL BE ATTENDING EVENTS AT: \_\_\_\_\_ SEWARD PARK  
\_\_\_\_\_ GOLDEN GARDENS

### All applicants must complete:

I have read all enclosed materials concerning the Seattle Department of parks and Recreation, O<sub>2</sub> program.  
I certify that all the statements made in this application are true to the best of my knowledge.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

### Parental or Guardian Approval For Applicants Under 18 Years of Age:

We have read and understand the enclosed materials that describe the Seattle Department of Parks and Recreation, O<sub>2</sub> program. We have discussed the O<sub>2</sub> program with our son / daughter and understand that the outdoor events may occur in remote locations / settings, and authorize him / her to apply for and participate in the O<sub>2</sub> program.

\_\_\_\_\_  
Signature of mother / female guardian

\_\_\_\_\_  
Signature of father / male guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone